

| | |
|--|--|
| <p>Alabama EHR Meaningful Use Incentive Payment Program</p> | <p>MEANINGFUL USE RISK ANALYSES AND HIPAA</p> |
|--|--|

Eligible Professionals (EP) and Eligible Hospitals (EH) must report Meaningful Use Core Measures, Menu Measures and Clinical Quality Measures (CQM) in order to receive an EHR Meaningful Use Incentive Payment. One of the measures requires the Provider to report on having conducted a risk analysis as part of the obligation to safeguard electronic protected health information.

Conducting a risk analysis is normally a part of an organization's overall policy and procedures for safeguarding protected health information. Those procedures can be very detailed and can be voluminous for larger organizations. Medicaid has taken the position that it will not require substantial documentation of the Provider's risk analysis during the prepayment review process because of the detail contained in such written procedures and the staff time and effort it would require for review. In addition, Medicaid believes Providers are already ensuring compliance with HIPAA and such compliance will be reflected in the Provider's health information security procedures and policies. Moreover, Medicaid understands that entities involved in the handling of protected health information are subject to substantial penalties under HIPAA for breaches in safeguarding electronic protected health information.

However, it is important for Providers to know that while Medicaid may not require Providers to produce substantial documentation of their health information risk analyses, the Provider will still be held responsible for having such documentation and will be required to produce it during a post-payment audit. A failure to produce the required documentation may result in a negative audit finding that could cause Medicaid to seek recoupment of the incentive payment.